

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION | <i>Dr</i> | | 04-11-01 |
| O.I.P.E. CLASSIFIER | <i>YH</i> | 1020 | 5/5/01 |
| FORMALITY REVIEW | <i>Zm</i> | 927 | 05/18/01 |
| RESPONSE FORMALITY REVIEW | | | 10-29-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY

10/1/01
 6/17
 10-9-01